



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/909,357 Confirmation No.: 3265  
Applicant : Louis J. Barbato  
Filing Date : 07/18/2001  
Title : ELECTRONICS INTERFACE FOR AN ULTRASOUND CONSOLE  
Group Art Unit : 2625  
Examiner : Sheela C. Chawan  
Docket No. : 701470.12 (263/071)  
Customer No. : 34313

**RECEIVED**

OCT 28 2004

Technology Center 2600

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**AMENDMENT TRANSMITTAL**

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated September 29, 2004.

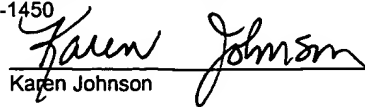
Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$215.00	\$430.00
<input type="checkbox"/> three months	\$490.00	\$980.00
<input type="checkbox"/> four months	\$765.00	\$1,530.00
<input type="checkbox"/> five months	\$1,040.00	\$2,080.00
<b>Fee</b>		<b>\$0.00</b>

CERTIFICATE OF MAILING  
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: October 21, 2004

  
Karen Johnson

Applicant : Louis J. Barbato  
Appl. No. : 09/909,357  
Examiner : Sheela C. Chawan  
Docket No. : 701470.12 (formerly 263/071)

☒ If an additional extension of time is required, please consider this a petition therefor.


Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 0.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.  
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.  
B. ☐ Payment Enclosed  
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	19	-	46	=	0	x	\$18.00	\$0.00
Independent Claims	1	-	3	=	0	x	\$8800	\$0.00
Multiple Dependent Claims	\$290.00	(if applicable)	<input type="checkbox"/>					\$0.00
<b>TOTAL OF ABOVE CALCULATIONS</b>								<b>\$0.00</b>
Reduction by 1/2 for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input type="checkbox"/>								\$0.00
Extension of Time (from above)								\$0.00
Assignment -- \$40 (if applicable) <input type="checkbox"/>								\$0.00
<b>TOTAL FEES SUBMITTED HEREWITH</b>								<b>\$0.00</b>

Respectfully submitted,

Dated: October 21, 2004

By:   
Mark Stirrat  
Reg. No. 50,576

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Irvine, CA 92614-2558  
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Customer Number: 34313